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## APPLICANTS

Christoph Andreas Roth, West Chester, PA;  
Harry T. Hall IV, Downingtown, PA;

\*\* CONTINUING DATA \*\*\*\*\*

None *MD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *MD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MD</i> Initials				

## ADDRESS

20582

## TITLE

Bone fixation system

<b>FILING FEE RECEIVED</b> 1142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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